

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F18250

1. Entity Name

MEHLICH & ROEGERS, GOLDIN & CO., P.A.

Principal Place of Business

701 COLORADO AVENUE
STUART FL 34994-3017

Mailing Address

701 COLORADO AVENUE
STUART FL 34994-3017

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2056808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDIN, GENE B
701 COLORADO AVE.
STUART FL 33494

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input type="checkbox"/> Delete
NAME	MEHLICH, GERALD E	
STREET ADDRESS	701 COLORADO AVE.	
CITY-ST-ZIP	STUART FL 34994	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROEGERS, STEPHEN E	
STREET ADDRESS	701 COLORADO AVE.	
CITY-ST-ZIP	STUART FL 34994	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLDIN, GENE B	
STREET ADDRESS	701 COLORADO AVE.	
CITY-ST-ZIP	STUART FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SPRAKER, MIKEL C	
STREET ADDRESS	701 COLORADO AVE.	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GENE B. GOLDIN

Date

1/22/01 561 283-7444

Daytime Phone #

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90205 007 ***150.00

00010894



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)